



## VA HEALTH CARE AND ENROLLMENT FREQUENTLY ASKED QUESTIONS

*By law, most veterans must be enrolled to receive VA hospital and outpatient care. Veterans may apply for enrollment at any time. Here are some frequently asked questions about enrollment and benefits:*

**If I am enrolled with VA, what benefits will I receive?** Veterans enrolled in the VA health care system are eligible to receive necessary hospital and outpatient services, including preventive and primary care. These services include: diagnostic and treatment services; rehabilitation; mental health; substance abuse treatment; home health, respite and hospice care; and medications in conjunction with VA treatment. You are not required to use VA as your exclusive health care provider. If you have health insurance, or eligibility for other programs such as Medicare, Medicaid, or TRICARE, you may continue to use services under those programs. We recommend that, if you have other insurance or HMO coverage, you should keep that coverage to provide you with options and flexibility in the future.

**If I am enrolled, what cost will there be for me?** It depends. Nonservice-connected (NSC) veterans and noncompensable 0% service-connected (SC) veterans may have to agree to pay medical care copayments for treatment of their nonservice-connected conditions. If you have insurance, it may cover the copayment costs. The maximum copayment for the first 90-day period of hospital care in 2006 is \$952 and \$10 for each day of care. For outpatient care, the copayment is \$15 for a primary care visit and \$50 for specialty care visit.

**Am I eligible for prescriptions from VA?** Yes, generally, to receive medications from a VA pharmacy, the prescriptions must be written by a VA health care provider. You may be charged a \$8 copayment for each 30-day or less supply of each medication provided for treatment of a NSC condition.

**I can't afford to make copayments. What do I do?** There are two options. The first option is to request a waiver from paying your current debt. If you request a waiver, you must submit sufficient proof that you cannot financially afford to make payment to VA. For assistance in applying for a waiver, contact the Revenue Coordinator at the VA health care facility where you receive care. The second option is to request a hardship determination to avoid future medical care copayment charges. You will need to submit specific financial information about your current year income. If you are approved for a hardship determination, you will be placed in a higher enrollment priority and you will receive VA medical care at no charge or at a reduced rate. For further information on applying for a hardship determination, contact your Enrollment Coordinator.

**How do I request VA health care?** Due to the overwhelming demand for care, many VA health care facilities are experiencing delays in scheduling veterans' appointments. If you need VA health care, contact your local VA health care facility to request an appointment.

**If enrolled, can I get dental care?** In general, dental benefits are limited to SC dental conditions, veterans who were Prisoners of War and veterans who are receiving 100% SC disability compensation. For specifics, contact the VA health benefits advisor at your local VA health care facility.

**Will VA take care of my nursing home care needs?** The following veterans will be offered nursing home care when appropriate:

- Veterans requiring nursing home care for a SC disability
- Veterans with service-connected disabilities rated 70% or greater
- Veterans determined by VA to be unemployable or permanently and totally disabled from a service-connected condition.

Most other veterans are eligible for nursing home care as space and resources permit.

**What is the coverage for emergency services?** VA provides urgent and limited emergency care in VA facilities. However, VA's ability to pay for emergency care in non-VA facilities is limited to veterans receiving care for a SC condition, or as payor of last resort for a NSC condition but only under the following conditions:

- You do not have coverage under a health insurance plan, and the services are not eligible for payment under Medicare or Medicaid.
- Emergency care was provided in a hospital emergency department or similar facility.
- You are financially liable to the provider of care for payment of the emergency treatment.
- You are enrolled in the VA health care system and receive care from the VA within the 24 months preceding the non-VA emergency care.

**Are there any restrictions on getting care in private facilities at VA expense?** Yes. Care in private facilities at VA expense is provided only under certain circumstances. To determine if you are eligible for private care at VA expense, contact your local VA health care facility.

**What should I do if I was awarded the Purple Heart?** You should submit appropriate documentation to your local VA health care facility. Appropriate documentation includes a Department of Defense Form DD 214 or, for World War II veterans, a "WD" form, any military service records or orders that document your award of a Purple Heart. If you need to obtain a copy of your military records you may use a Standard Form 180 *Request Pertaining to Military Records*, available at [http://www.archives.gov/facilities/mo/st\\_louis/military\\_personnel\\_records/standard\\_form\\_180.html](http://www.archives.gov/facilities/mo/st_louis/military_personnel_records/standard_form_180.html) or at VA offices. Veterans who were awarded the Purple Heart are assigned to Priority 3.

**What If I'm Catastrophically Disabled?** If you believe you are catastrophically disabled, contact your VA health care provider or the Enrollment Office at your local VA health care facility for an evaluation. If it is determined that you are catastrophically disabled, you will be assigned to Priority 4; however, if you previously made copayments you will still be responsible for those copayments after moving to Priority 4.

**Will VA provide hearing aids and eyeglasses?** Yes, if you receive increased pension based on the need for regular aid and attendance or being permanently housebound, receive compensation for a service-connected disability, require these items for treatment of a service connected condition, or are a former prisoner of war or a purple heart recipient. Otherwise, hearing aids and eyeglasses will only be provided in special circumstances, and not for generally occurring hearing or vision loss.

**Are there any special benefits for combat veterans?** Yes, recently discharged veterans who served in combat locations can receive health care for conditions potentially related to their service for two years after their release from service. These combat veterans also qualify for enrollment in Priority Group 6 unless eligible for enrollment in a higher priority based on other factors. If you believe you qualify for this enhanced benefit please contact the Enrollment Coordinator at the nearest VA health care facility.